

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text" value="12499"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2005"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2005"/>
3. Name and address of person filing. Name <input type="text" value="Robert"/> <input type="text" value="Keppler"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="1126 Dorchester Lane"/> City <input type="text" value="Bartlett"/> State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60103"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="Automobile Mechanics Local 701"/> Labor Organization File Number <input type="text" value="016-910"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="500 W. Plainfield Road"/> City <input type="text" value="Countryside"/> State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60525-3580"/>
5. Position in labor organization. <input type="text" value="Assistant Directing Business Rep"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Robert R. Keppler

On

Date

Telephone Number

File Number U- 12499

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

12.b. Amount.14.b. Amount of payment.

Name of Person Filing Robert Keppler

File Number U- 12499

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Automobile Mechanics Local 701 Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 500 West Plainfield Road

City Countryside

State Illinois ZIP Code + 4 60525

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Automcbile Mechanics Local 701 Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 500 West Plainfield Road

City Countryside

State Illinois ZIP Code + 4 60525

11.a. Nature of such dealing.

Reimbursed from Trust Fund for Department of Labor and ERISA required education conference for food, travel and lodging in the exercise of my fiduciary duty

11.b. Approximate dollar value of such dealing.

\$2,003

12.a. Nature of interest held or income received.

12.b. Amount.